Case 16-15157-ref Doc 36 Filed 03/22/17 Entered 03/22/17 14:18:39 Desc Main Document Page 1 of 2

| Fill in this information to identify your case: | | | | | | | | |
|---|---|--|----------------|--|---|-------------|--|--|
| Debtor 1 | | | | _ | | | | |
| First Name Debtor 2 | Middle Name L | ast Name | | | | | | |
| (Spouse, if filing) First Name | Middle Name L | ast Name | | _ | | | | |
| United States Bankruptcy Court for the: | District of | | | | | | | |
| Case number | | | | | Check if this is: | | | |
| (If known) | | | | An amended filing | | | | |
| | | | | | plement showing postpetition chapte e as of the following date: | er 13 | | |
| Official Form 106I | | | | | MM / DD / YYYY | | | |
| Schedule I: Your Income | | | | | 12/1 | 15 | | |
| supplying correct information. If yo | ou are married and not filingse is not filingse is not filing with you, do top of any additional page | g jointly, and you o not include info | r spo rmati | ouse is living with y ion about your spo | or 2), both are equally responsible for vou, include information about your suse. If more space is needed, attach as anown). Answer every question. | pouse. | | |
| Part II. Boscinso Employim | OII. | | | | | | | |
| Fill in your employment information. | | | | | Debtor 2 or non-filing spouse | | | |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed☐ Not employe | d | | ☐ Employed☐ Not employed | | | |
| Include part-time, seasonal, or self-employed work. | | | | | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | | | | | | | |
| | Employer's name | | | | | | | |
| | Employer's address | | | | | | | |
| | Employer's address | | | | Number Street | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | City | State | e ZIP Code | City State ZIP Code | | | |
| | How long employed there | ? | | | | | | |
| Part 2: Give Details About | Monthly Income | | | | | | | |
| | | If you have nothin | a to r | eport for any line, w | rite \$0 in the space. Include your non-fili | | | |
| spouse unless you are separated. If you or your non-filing spouse ha | ve more than one employer, | combine the infor | Ü | | , | ig | | |
| below. If you need more space, at | tach a separate sheet to this | form. | | | | | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | | | \$ | \$ | | | | |
| 3. Estimate and list monthly overtime pay. | | | 3. | +\$ | + \$ | | | |
| 4. Calculate gross income. Add lin | | 4. | \$ | \$ | | | | |

Official Form 106l Schedule I: Your Income page 1

Debtor 1 _____

First Name Middle Name Last Name

Case number (if known)_

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-------------|--------------|-----------------------------------|-------------------------|
| Copy line 4 here | → 4. | \$ | \$ | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | \$ | |
| 5b. Mandatory contributions for retirement plans | | \$ | \$ | |
| 5c. Voluntary contributions for retirement plans | | \$ | | |
| 5d. Required repayments of retirement fund loans | | \$ | _ \$ | |
| 5e. Insurance | | \$ | \$ | |
| 5f. Domestic support obligations | | \$ | \$ | |
| 5g. Union dues | 5g. | \$ | _ \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$ | + \$ | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h | n. 6. | \$ | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | |
| 8b. Interest and dividends | | \$ | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | lent | | - | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | | |
| 8e. Social Security | 8e. | \$ | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | _ \$ | |
| 8g. Pension or retirement income | 8g. | ¢ | \$ | |
| • | • | Ψ | Ψ | |
| 8h. Other monthly income. Specify: | _ | +\$ | _ +\$ T | 7 |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | \$ | <u> </u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | + \$ | = \$ |
| 11. State all other regular contributions to the expenses that you list in Scholinclude contributions from an unmarried partner, members of your household, | | | ommates, and other | |
| friends or relatives. | | -9-61- (| and the Calendary | |
| Do not include any amounts already included in lines 2-10 or amounts that are | | | | . + \$ |
| Specify: | | | | . т Ф |
| 12. Add the amount in the last column of line 10 to the amount in line 11. Th Write that amount on the Summary of Your Assets and Liabilities and Certain | | | • | |
| 13. Do you expect an increase or decrease within the year after you file this | s form? | , | | Combined monthly income |
| ☐ No. ☐ Yes. Explain: | | | | |